

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

107536679

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2			/			
3	2		/			
4	10		/			
5	1		/			
6	10					
7	10					
8	/		/			
9			/			
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TOTAL IND.	2	↓	3	↓		↓
TOTAL DEP.	10	↔	8	↔		↔
TOTAL CLAIMS	12	[REDACTED]	11	[REDACTED]		[REDACTED]

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.	↔		↔		↔	
TOTAL CLAIMS		[REDACTED]		[REDACTED]		[REDACTED]